

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48987

1. Entity Name

FLORIDA COMPUTER EXCHANGE OF SARASOTA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90120 049 ***150.00

Principal Place of Business

Mailing Address

1934 RINGLING BLVD.
P. O. BOX 2099
SARASOTA FL 34236
US

P.O. BOX 2099
P. O. BOX 2099
SARASOTA FL 34230-2099
US

2. Principal Place of Business

2801 Fruitville Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

City & State

Sarasota, FL

Zip

34237

Country

Sarasota

Zip

Country

4. FEI Number

59-2670238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DESENBERG, CHARLES M.
1934 RINGLING BLVD
SARASOTA FL 34236

Street Address (P.O. Box Number is Not Acceptable)

2801 Fruitville Road

Suite #120

City

Sarasota

FL

Zip Code

34237

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DESENBERG, CHARLES M.
STREET ADDRESS 4626 HADFIELD DRIVE
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STV
NAME DESENBERG, MARILYN
STREET ADDRESS 4626 HADFIELD DRIVE
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (941) 365.4100
Date Daytime Phone #

CR2E034 (9/99)